Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to the information. This applies to all protected health information contained in your health records maintained by us. We have the following duties regarding the maintenance, use and disclosure of your health records. We are required, by law, to maintain the privacy of the protected health information in your records and to provide you with this Notice of our legal duties and privacy practices with respect to that information. We are required to abide by the terms of this Notice, currently in effect. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain. All changes in the Notice will be prominently displayed and available, at our office.

There are a number of situations we may use or disclose, to other persons or entities, your confidential health information. Certain uses and disclosures will require you to sign an acknowledgement that your received this Notice of Privacy Practices. These include treatment and health care operations. Any use or disclosure of your protected health information required for anything other than treatment or health care operations requires you to sign an Authorization. Certain disclosures, that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure. We will use your health information to make decisions about the provision, coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your health information with another health care provider whom we need to consult, with respect to your care.

There are certain circumstances under which we may use or disclose your health information without first obtaining your Acknowledgement or Authorization. Those circumstances, generally, involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected abuse, neglect, or domestic violence. We must provide health information when ordered by a court of law to do so. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your care. We may use or disclose your protected health information in an emergency treatment situation.

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights, with respect to confidential information in your health records, have been violated. All complaints must be in writing and must be addressed to the Privacy Officer or, to the person designated by the U.S. Department of Health and Human Services. If we cannot resolve your concerns. You will not be retaliated against for filing such a complaint.

Any questions concerning this Notice should be addressed to:

Freedom Health Group
ATTN: Karen Remek, RN
924 S. Pines, Spokane Valley, WA. 99206