

NOTICE OF PRIVACY PRACTICES – TOM F. SEMPER, M.D.

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.

I respect your privacy. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information I create and obtain in providing my care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by me will be recorded in your medical record and used to help decide what care may be right for you.
- I may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- I request payment from your health insurance plan. Health plans need information from me about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For health care operations:

- I use your medical records to assess quality and improve services.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- I may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records I create and store are the property of my practice. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant the request. But I will comply with any request granted;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances;
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.
- Restrict certain disclosures of your Protected Health Information to a health plan when you pay out-of-pocket in full for my services.
- Be notified if: (a) there is a breach (a use or disclosure of your Protected Health Information in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

For help with these rights during normal business hours, please contact:

Tom F. Semper, M.D. for healthcare information and/or
ABH Account Services for billing information at:
509 Olive Way, Suite 204, Seattle, Washington 98101
(206) 329-5255

My Responsibilities

I am required to:

- Keep your protected health information private;
- Give you this Notice;

- Follow the terms of this Notice.

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting my office at 509 Olive Way, Suite 204 to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact:* Tom F. Semper, M.D. at (206) 329-5255, Ext. 313.

If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to Tom F. Semper, M.D. at 509 Olive Way, Suite 204. You may also file a complaint with the U.S. Secretary of Health and Human Services.

I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, I may release health information about you to a friend or family member who is involved in your medical care. I may also give information to someone who helps pay for your care. I may tell your family or friends your condition and that you are in a hospital. In addition, I may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.

I may use and disclose your protected health information without your authorization as follows:

- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply With Workers' Compensation Laws**—if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - to public health or legal authorities
 - to protect public health and safety

- to prevent or control disease, injury, or disability
- to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when I receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, I may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask me to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require me to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, I may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

2008 Update:

As a result of state regulations adopted by the Washington State Department of Health in 2008, I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. If you, my client, are a healthcare provider, and I believe that your behavior is a clear and present danger to your patients or clients, I am required by law to report you.

Updated and Effective Date:

May 30, 2017