SEATTLE PACIFIC UNIVERSITY HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

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.

Under regulations issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996, health care providers such as the Seattle Pacific University Health Center (the "Health Center," "we," "us," or "our") are required by law to maintain the privacy of protected health information ("Information") and to provide individuals with notice of the our legal duties and privacy practices with respect to Information.

PRIMARY PERMITTED USES AND DISCLOSURES

We may use or disclose your Information for treatment, payment, and health care operations without your written authorization or the opportunity for you to agree or object.

1. Treatment. We may use and disclose your Information to treat you. For example, we may send a sample of your blood along with other personal data to a laboratory to check for a specific medical condition. Treatment also includes providing, coordinating, and managing health care services; consulting with other health care providers about you; and referring you to another health care provider. In addition, we may use and disclose your Information to contact you to provide appointment or delivery reminders.

2. Payment. We may use and disclose your Information in the payment process. For example, we may contact your health insurer to verify that you are eligible for benefits and to clarify the scope of the benefits. Payment also includes obtaining reimbursement for providing health care, including determining eligibility, billing, collecting payment, data processing, review of health care services, and reporting certain Information to consumer reporting agencies in regard to collecting premiums or reimbursement.

3. Health Care Operations. We may use and disclose your Information for our health care operations. For example, we may use or disclose your Information to evaluate the quality of the services we provide or to conduct cost-management and business planning activities. Health care operations also include evaluating the performance of other health care providers; arranging legal services or auditing or compliance functions; and business management and administrative activities.

ADDITIONAL PERMITTED USES AND DISCLOSURES

We also may use or disclose your Information for the following purposes without your written authorization or the opportunity for you to agree or object.

1. As Required by Law. We will disclose your Information when required to do so by federal, state, or local law.

2. Public Health Activities. We may disclose your Information for certain public health activities, such as: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

3. Victims of Abuse Neglect, or Domestic Violence. Under certain circumstances, we may disclose your Information to a government authority if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

4. Health Oversight Activities. We may disclose your Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

5. Judicial and Administrative Proceedings. We may disclose your Information in response to orders of a court or administrative tribunal or in response to a qualifying subpoena, discovery request, or other lawful process.

6. Law Enforcement. Under certain circumstances, we may use and disclose your Information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

7. Coroners, Medical Examiners, and Funeral Directors. We may use and disclose Information to a coroner, medical examiner, or funeral director if deceased.

8. Organ, Eye, or Tissue Donation. If you are an organ, eye, or tissue donor, we may use and disclose your Information to organizations that procure, bank, or transplant organs, eyes, or tissue, as necessary to facilitate organ, eye, or tissue donation and transplantation.

9. Research. We will not use your Information for research purposes.

10. Serious Threats to Health or Safety. We may use and disclose your Information if we believe in good faith that it is necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.

11. Specialized Government Functions. We may use or disclose your Information for specialized governmental functions, such as military, national security, protection of certain officials, or to law enforcement or a correctional institution if you are in custody.

12. Workers' Compensation. We may use and disclose your Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT

Without your written authorization, and if you do not object, we may use or disclose your Information as follows:

1. Family and Friends. We may disclose to one or more of your family members, other relatives, or close personal friends (or another person identified by you) your Information that is directly relevant to the person's involvement with your care or payment related to your health care.

2. Notification of Location, Condition, or Death. We may use or disclose your Information to notify a family member, a personal representative, or another person responsible for your care of your location, general condition, or death. For the purpose of coordinating our use and disclosures in this regard, we may use or disclose your Information to a public or private entity authorized to assist in disaster relief efforts.

We will determine whether or not you object as follows. If you are present, we may infer, based on our professional judgment, that you do not object. If you are not present, or are incapacitated, we may disclose your Information that is directly relevant to the recipient's involvement in your health care if, in our professional judgment, the disclosure would be in your best interest. Likewise, we may use our professional judgment and experience with common practice to reasonably infer when it is in your best interest to allow a person to pick up medical supplies or similar Information on your behalf.

YOUR WRITTEN AUTHORIZATION

We will use or disclose your Information other than as summarized above only with your written authorization. Even after you have given such written authorization, you may revoke it at any time by notifying our Privacy Officer in writing at the address below, except that your written revocation will not have any effect on any actions we take in reliance on your authorization before we receive the revocation.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights with respect to your Information. How you may exercise these rights is discussed below, as well.

1. Right to Request Restrictions. You have the right to request a restriction or limitation on the Information we use or disclose about you for treatment, payment, or health care operations, or for the purposes discussed under Uses and Disclosures that Require an Opportunity for You to Agree or Object above. 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 emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what Information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

2. Right to Receive 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 make your request in writing to our Privacy Officer at the address below. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and we will accommodate all reasonable requests.

3. Right to Inspect and Copy Information. You have the right to inspect and copy most of your Information that is used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and some other Information. To inspect and copy this Information, you must submit your request in writing to our Privacy Officer at the address below. If you request a copy of the Information, we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your Information, in most cases you may request that the denial be reviewed. If you do so, a licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

4. Right to Amend Information. If you feel that Information we have about you is incorrect or incomplete, you may ask us to amend the Information. You have the right to request an amendment for as long as we keep the Information. To request an amendment, you must make your request in writing to our Privacy Officer at the address below. In the request, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend Information that: was not created by us, unless the person or entity that created the Information is no longer available to make the amendment; is not part of the Information kept by us; is not part of the Information that you would be permitted to inspect and copy; or is accurate and complete.

5. Right to Receive an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your Information. To request this accounting, you must make your request in writing to our Privacy Officer at the address below. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists within a 12-month period, we may charge you a reasonable fee for the costs of providing the 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.

6. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. To obtain a paper copy, request one in writing from our Privacy Agent at the address below.

COMPLAINTS

You may complain to us and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file such a complaint with us, send your complaint in writing by certified mail, return receipt requested, to our Complaints Officer at the address below. Neither we nor the Secretary will retaliate against you for filing a complaint.

EFFECTIVE DATE; FUTURE CHANGE IN TERMS

The effective date of this notice is April 14, 2003. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Information that we already maintain and that we obtain and maintain in the future. If we revise this notice, we will post a copy of the revised notice in our office. In addition, you may obtain a copy of the most recent version of this notice by writing to our Privacy Officer at the address below and requesting a copy.

CONTACTING OUR PRIVACY OFFICER OR COMPLAINT OFFICER

If you have any questions or comments about this notice or about how we use or disclose your Information, or have any suggestions for how we can improve this notice or our services to you, please contact our Privacy Officer:

Privacy Officer
Seattle Pacific University Health Center
3307 THIRD AVE WEST STE 110
SEATTLE WA 98119-1922
(206) 378-5086
!Privacy Officer@spu.edu

If you believe that your privacy rights were violated, please contact our Complaint Officer:

Complaint Officer
Seattle Pacific University Health Center
3307 THIRD AVE WEST STE 110
SEATTLE WA 98119-1922
(206) 378-5086
!Privacy, Complaint Officer @spu.edu