

## Notice of Privacy Practices

Effective Date: 03.20.2023

**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.**

Onestop Medical Services respects your privacy and understands that your personal health data is sensitive and should be protected. We keep a record of the health care services we provide you. You may also ask us to correct that health information. We will not disclose your health information to others unless you direct us to do so, except as directed in this notice or as the law authorizes or compels us to do so. If you have any questions about this notice, please contact our office, 253-397-8683.

### **WHAT INFORMATION IS PROTECTED**

Medical information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental condition and diagnoses; the care provided including test results and treatment; or the past, present or future payment for your healthcare.

### **WHO WILL FOLLOW THIS NOTICE**

Onestop Medical Services, including all employees, staff and other authorized personnel of these entities and any member of a volunteer group allowed to help you while you receive services from or at the Onestop Medical Facility.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**Treatment:** We may use medical information about you to decide what care may be right for you and provide you with those medical treatment(s) or service(s). We may disclose medical information obtained about you to doctors, nurses, technicians, medical students, nursing students, or other authorized personnel who are involved in your health care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the health process. We may also provide your health information to healthcare providers outside of Onestop Medical Services, who we are referring you to or who are providing you care, which helps with continuity of care.

**Payment:** We may use and disclose medical information about you so that we can collect payment from you, your insurance company, or another third party for the treatment and service you receive at Onestop Medical. Information disclosed to the health plan may include the diagnoses, treatment received, procedures performed, referrals, and other recommendations to the plan of care. For example, we may need to give your health plan or health insurer information about an office visit you had so it will pay us or reimburse you for the office visit. We may also tell your health plan or health insurer about a treatment you are going to receive to obtain prior approval or to determine if your insurance plan will cover it.

**Health Care Operations:** We may use and disclose medical information about you for operational purposes. These uses and disclosures are necessary to run Onestop Medical Services efficiently and effectively and to make sure that all our patients receive quality care and improved services. For example, we may use medical information to review and improve the care you receive, to provide training, to help decide the services we offer, and what rates to charge. We may also share your medical information with other individuals (such as consultants and attorneys) and organizations that help us with our business activities. If we share your medical information with other organizations for this purpose, they must also agree to protect your privacy as required by law.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes provided that certain steps are in place to protect your privacy. In these cases, a research review board will usually review and approve the research project to ensure that adequate privacy protections are in place. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

**Contact You:** Your medical information may also be used to contact you. We may call or write you to remind you that you have an appointment or recommend possible treatment options and alternatives. We may also tell you about health-related benefits, services or health care education classes or health fairs that may be of interest to you. You consent to receive electronic communications from Onestop Medical Services, and you agree that all agreements, notices, disclosures and other communications that we provide to you electronically, via email and/or on the website satisfy any legal requirement that such communications be in writing.

**Public Health and Safety Purposes:** We may disclose medical information about you for public health activities. These activities generally include the following:

- To public health agencies, such as the Department of Health, or legal authorities.
- Prevent or control disease, injury, or disability.
- Report vital statistics such as births or deaths.
- Report suspected abuse, neglect, or domestic violence to the appropriate government authority.
- Report reactions to medications or problems with products.
- Employers for work-related illness or injury. Washington state law requires the disclosure of protected health information to the Department of Labor and Industries, the employer, and the payer for workers' compensation and for crime victims' claims. We may disclose protected health information for work-related conditions that affect employee health.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Other Uses and Disclosures:** We may also use and disclose your medical information to protect patient safety, ensure that our facilities and staff comply with government and accreditation standards, and then otherwise allowed by law. For example, we provide or disclose information:

- As required by federal, state, or local laws.
- To appropriate agencies or person when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.
- Correctional institutions, if you are in jail or prison, we may disclose your protected health information as necessary for your health and the health and safety of others.
- To a health oversight agency for audits, investigations, inspections, and licensure to ensure compliance with health care laws.
- To coroners, medical examiners, and funeral directors.
- In response to a court order, subpoena, discovery request or other lawful purpose.
- To law enforcement when required or allowed by law.
- To worker's compensation or similar programs to process a claim.
- To government officials when required for national security activities as authorized by law.

**Armed Forces:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Business Associates:** We may contract with other individuals or entities to perform jobs for us or to provide certain types of services that may require them to create, maintain, use, and/or disclose your health information. We may disclose your information to a business associate, but only after they have agreed, in writing, to safeguard your

health information. Examples include electronic medical record software companies, billing services, accountants, and other associates who perform health care operations for Onestop Medical Services.

**Fundraising Activities:** We may release certain information for fund-raising purposes. The information released can be your name, address, phone number, date of birth, age, gender, insurance status, the dates you received treatment or services from us, the department or service, treating physician, and outcome. You may contact our office directly to opt out if you do not want to be contacted for fund-raising purposes. We will ask that you submit the request in writing.

**Disclosure to Family, Friends or Others:** Unless you object, your healthcare provider will use their professional judgment to provide relevant medical information to your family member, friend, or others involved in your care. This person would be someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location and general condition.

**Disaster Relief Purposes:** We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts so that your family can be notified.

## **USES AND DISCLOSURES NOT PERMITTED WITHOUT YOUR AUTHORIZATION**

**Psychotherapy Notes:** We may not use or disclose psychotherapy notes without your written authorization.

**Marketing:** We may not use or disclose your medical information for marketing purposes or for disclosures that constitute a sale of medical information without your written authorization.

**Specially protected information:** Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

## **OUR OBLIGATIONS**

Onestop Medical Services is required by law to maintain the privacy of your medical information, to notify you following a breach of unsecured medical information, and to provide you with a notice of its legal duties and practices. This notice explains how your medical information may be used and/or disclosed as permitted or required by law. It also describes your rights to access and control your medical information. We are required to abide by the terms of this notice. Your medical information will not be used or disclosed except as indicated in this notice and we reserve the right to change the terms of this notice at any time. The new notice will be effective for all medical information that we maintain at the time of the change. A current copy of this notice will be posted in prominent areas and on our website at [1stopmedicalservices.com](http://1stopmedicalservices.com).

## **YOUR RIGHTS**

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting our office at 253-397-8683.

You have the right to:

Receive a paper copy, read, and ask questions about this notice at any time. We will offer you a copy of the notice the first time you register or present for treatment or health care services at Onestop Medical Services. You may also obtain a copy of the latest revision of this notice at our website [www.1stopmedicalservices.com](http://www.1stopmedicalservices.com).

Request access to or a copy of your medical information in electronic or paper format. We will ask that you make your request specific and in writing, **by submitting our Request to Obtain Records Authorization form**. We may

charge a reasonable fee for the cost of producing and mailing the copies. In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

Ask us to amend your medical information in our records that you believe is incorrect or incomplete. Your request for amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request. If so, we will notify you in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your medical information.

Ask that we communicate with you by another means or at another location to preserve confidentiality. For example, if you want us to communicate with you at a different address or telephone number, we can usually accommodate your request if it is reasonable. This request must be made in writing, signed, and dated.

Restrict disclosure to a health plan if the service has been paid for, by you or an individual on your behalf, in full. We are required to agree to your request; however, this request must be made in writing.

Request an accounting of disclosures by asking us in writing for a list of the disclosures we have made of your medical information, except for disclosures for treatment, payment, healthcare operations, information provided to you, facility directory listings, and certain government functions. You may request up to the last six years and you will receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee.

Request restrictions by asking that we limit the way we use or disclose your medical information for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will honor your restriction unless it is an emergency. This request must be made in writing.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission prior to a revocation, and that in any event we are required to retain your records of the care that we provided to you.

## **COMPLAINTS**

If you wish to report a problem about the handling of your protected health information or believe your privacy rights have been violated, you may contact the office manager at 253-397-8683 or submit your complaint in writing to, Onestop Medical Services, 1314 Central Ave S. Ste 102, Kent, WA 98032. You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights to file a complaint. We will not retaliate against you for filing a complaint.

## **NONDISCRIMINATION**

Onestop Medical Services complies with applicable federal civil rights laws, including the Affordable Care Act (ACA), section 1557 and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.