



# WhidbeyHealth

**Whidbey Island Public Hospital District  
(WhidbeyHealth Medical Center and Clinics)  
Notice of Privacy Practices**

***Your Information.***

***Your Rights.***

***Our Responsibilities.***

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.**

# Your Rights

## When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, no later than 15 days of your request. We may charge a reasonable, cost-based fee.
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### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
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### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. *(We are not required to agree to your request, and we may say “no” if it would affect your care.)*
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. *(We will say “yes” unless a law requires us to share that information.)*

# Your Rights

## **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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## **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint.

# Your Choices

## For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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**In these cases, you have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*(If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.)*

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**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

# Our Uses and Disclosures

## How do we typically use or share your health information?

We generally share your health information in the following ways.

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### **To treat you:**

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

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### **To run our organization:**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

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### **To bill for services:**

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

# Our Uses and Disclosures

## How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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### Help with public safety issues:

- We can share your health information for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone's health or safety
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### Do research:

- We can use or share your health information for health research.
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### Comply with the law:

- We will share your information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see if we are in compliance with federal privacy law.
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### Respond to organ and tissue donor requests:

- We can use or share your health information with organ procurement organizations.

# Our Uses and Disclosures

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## **Work with a medical examiner or funeral director:**

- We can share your health information with a coroner, medical examiner, or funeral director when an individual dies.

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## **Address workers' compensation, law enforcement and other government requests:**

- We can use or share your health information for:
  - Workers' compensation claims
  - Law enforcement purposes or for a law enforcement official
  - Health oversight agencies for activities authorized by law
  - Special government functions, such as military, national security and presidential protective services

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## **Respond to lawsuits and legal actions:**

- We will share your information in response to a court or administrative order, or in response to a subpoena.

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### **Please note:**

*WhidbeyHealth Medical Center and all WhidbeyHealth clinics provide patients access to their personal medical records through the patient portals. Records are securely stored on the WhidbeyHealth network.*

# Our Responsibilities

- *We are required by law to maintain the privacy and security of your protected health information.*
- *We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.*
- *We must follow the duties and privacy practices described in this notice and give you a copy of it.*
- *We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.*
- *For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).*

## Changes to the Terms of This Notice

- *We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.*

## This Notice of Privacy Practices applies to the following locations:

- WhidbeyHealth Medical Center
- WhidbeyHealth Primary Care
- WhidbeyHealth Women's Care
- WhidbeyHealth Orthopedic Care
- WhidbeyHealth Surgical Care
- WhidbeyHealth EMS
- WhidbeyHealth Sleep Care
- WhidbeyHealth Rehabilitation Care
- WhidbeyHealth Lifeline Services
- WhidbeyHealth Home Health
- WhidbeyHealth Hospice Care

WhidbeyHealth Medical Center  
101 N. Main Street  
Coupeville, WA 98239  
**360.678.5151**

Privacy Officer: Jake Kempton  
[privacy@whidbeyhealth.org](mailto:privacy@whidbeyhealth.org)

# Our Responsibilities

WhidbeyHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, creed, ethnicity, religion, marital status, sexual orientation, gender identity or expression, veteran or military status.

WhidbeyHealth provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, electronic formats, other formats)

WhidbeyHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages



If you need these services, contact Patient Access Services at **360.678.5151** or **[language@whidbeyhealth.org](mailto:language@whidbeyhealth.org)**.



# Our Responsibilities

If you believe that WhidbeyHealth has failed to provide these services or discriminated in another way basis of race, color, national origin, age, disability, sex, creed, ethnicity, religion, marital status, sexual orientation, gender identity or expression, veteran or military status, you can file a grievance with:

Civil Rights Coordinator  
101 North Main St.  
Coupeville, WA 98239  
**360.678.7656 ext. 3153**  
***contactus@whidbeyhealth.org***

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

File electronically at the Office for Civil Rights Complaint Portal:  
*<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>*

By mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019/1-800-537-7697 (TDD)

Complaint forms: *<http://www.hhs.gov/ocr/office/file/index.html>*

**Website:** [www.whidbeyhealth.org](http://www.whidbeyhealth.org)

Form #8707-001573-0318

Effective: April 14, 2003

Revised: May 1, 2013

Revised: Sept. 1, 2018

# Our Responsibilities

## English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call WhidbeyHealth Medical Center at 1.360.678.5151.

## Spanish

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.360.678.5151.

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.360.678.5151。

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.360.678.5151.

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.360.678.5151 번으로 전화해 주십시오.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.360.678.5151.

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.360.678.5151.

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1.360.678.5151.

## Mon-Khmer, Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.360.678.5151។

## Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.360.678.5151 まで、お電話にてご連絡ください。

## Amharic

ማሳሰቢያ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1.360.678.5151.

## Cushite

XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.360.678.5151.

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم) 1.360.678-5151.

## Panjabi

ਇਸ਼ਾਰਤ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.360.678.5151 'ਤੇ ਕਾਲ ਕਰੋ।

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.360.678.5151.

## Laotian

ໂປດຊາບູ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສັ່ອກ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 1.360.678.5151.