

INFANT HOME PHOTOTHERAPY, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that your health information is personal to you and we are committed to protecting the information about you and your baby. This "Notice of Privacy Practices" describes how we will use and disclose protected information and data that you receive or create related to you or your child's health care.

Our Responsibilities: We are required by law to maintain the privacy of your health information and to give you this Notice describing our legal duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

How We May Use and Disclose Health Information about You: We will not use or disclose your health information without your authorization except in the following situations:

- **Treatment:** We will use and disclose your health information while providing, coordinating or managing your health care. For example, information obtained by a physician or nurse or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- **Payment:** We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. For example, we may send a bill to you or your health plan. The information on or accompanying the bill may include the information that identifies you (i.e. name, address, and telephone number), as well as your diagnosis, procedures and supplies used. As another example, we may disclose information about you to your health plan so that the health plan may determine your eligibility for payment for certain benefits. I. Health Care Operations: We will use and disclose your health information to deal with certain administrative aspects of your health care, and to manage our business more efficiently. For example, members of our staff may use information in your health record to assess the quality of care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services provided.
- **Business Associates:** There are some services provided in our organization through contracts with business associates (i.e. auditors, accountants, risk management, insurance services). We may disclose your health information to our business associates so they can perform the job we have asked them to do. However, we require the business associate to take precautions to protect your health information
- **Communication with Family:** We may disclose to a family member, other relative, close personal friend or any other, person you identify health information relevant to that person's involvement your care.

Research: Consistent with applicable law, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research and established protocols to ensure the privacy of your health information

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events, product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability including child abuse and neglect.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your health information to appropriate governmental agencies such as adult protective or social services agencies if we reasonably believe you are a victim of abuse, neglect or domestic violence.

Health Oversight: In order to oversee the health care system, government benefits program, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law (i.e. audits and civil, administrative, or criminal investigations).

Court Proceedings: We may disclose your health information in response to requests made during judicial and administrative proceedings such as court orders or subpoenas.

Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders; reporting limited information concerning identification and location at the request of a law enforcement official; reports regarding suspended victims or crimes at the request of a law enforcement official; reporting death; crimes on your premises; and crimes in emergencies.

Threats to Public Health or Safety: We may disclose or use health information (when it is our good faith belief; consistent with ethical and legal standards), necessary to prevent or lessen a serious and imminent threat or necessary to identify or apprehend an individual

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities; for protective services for the President and others; for medical suitability determinations for the Department of State; for correctional institutions and other law enforcement custodial situations; for government programs providing public benefits.

Worker Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Other Uses: We may also use and disclose your personal health information, for the following purposes:
To contact you to remind you of an appointment for treatment.
To describe or recommend treatment alternatives to you.
To furnish information about health-related benefits and services that may be of interest to you.

Prohibition on Other Uses of Disclosures: We may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed on the last page of this notice. *Understandably, we are unable to take back any disclosure we have already made with your permission.*

Individual Rights: You have many rights concerning the confidentiality of your health information. You have the right:

- **To request restrictions on the health information** we may use and disclose for treatment, payment and health care operations. We are not required to agree with these requests. To request restrictions, please send a written request to the address noted on the last page.
- **To receive confidential communications of health information** about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, please discuss this with one of our nurses, an office staff member or write to us informing us of how you would like to be contacted.
- **To inspect or copy your health information**, you must submit your request in writing. If you request a copy of your health information, we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances, we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. *Another licensed health care professional will then 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.
- **To amend health information:** If you feel that the health information we have regarding you is incorrect or incomplete, you may ask us to amend that information and give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may deny your request if:
 - The information was not created by us.
 - The person that created the information is no longer available to make the amendment.
 - The information is not part of the health information kept by or for us.
 - It is not part of the information you would be permitted to inspect or copy.
 - The information is accurate and complete.
- **To receive an accounting of disclosures of your health information**, you must submit a request in writing to Infant Home Phototherapy, Inc. Not all health information is subjected to this request. Your request must state a time period, no longer than six (6) years and may not include dates before April 14, 2003. Your request must state how you would like to receive the report. (Paper, electronically). The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

All requests to restrict use of your health information for treatment, payment and health care operations to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be made in writing to the contact person listed on the last page.

Complaints: If you believe that your privacy rights have been violated, a complaint may be made to our Director of Nursing (privacy officer) at (425) 355-0957 or the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing the complaint.

Contact Person: Our contact person for all questions; requests for further information related to the privacy of your health information is Donna Gentry-Hayward, Director of Nursing at:

Infant Home Phototherapy, Inc.

PO Box 1328

Mukilteo, WA 98275

(425) 355-0957

Changes to This Notice: We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we currently have. Any revision to our privacy practices will be described in a revised Notice that will be available to you.

Notice effective date: February 15, 2013

