



Kinwell

Your Information. Your Rights. Our Responsibilities.

Kinwell is dedicated to maintaining your privacy. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We call this Protected Health Information or PHI. We are required by law to maintain the confidentiality of health information that identifies you.

The terms of this Notice apply to all records containing your PHI that are created or retained by Kinwell, whether oral, written, electronic, or any other format.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. There are two sections:

Your Rights. The choices you can make in how we use your information.

Our Uses and Disclosures. How Kinwell uses your information and the circumstances in which we share your information with others.

Please review each section carefully.

Your Rights

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities to help you.

You may request an electronic or paper copy of your medical record.

- To inspect and/or obtain a copy of your PHI, you must register with Kinwell's patient portal or submit your request in writing.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee for the costs of copying, mailing, labor, and supplies associated with your request.

You may ask us to correct your medical record.

- If you believe your medical record is incorrect or incomplete you can ask us to amend it. Your request must be made in writing and include a reason that supports your request.
- We may deny your request, but we'll tell you why in writing within 60 days.

You can request that we communicate with you in a manner of your choosing.

- For example, you can tell us you prefer to be called at home and not your place of work, or you can tell us to email you at a specific address.
- We will say "yes" to all reasonable requests. You do not need to give a reason for your request.

You can ask us to limit the information 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.

You may request a list of those with whom we’ve shared information.

- You can ask for a list of disclosures we have made of your health information, including the dates, who we shared it with and why, for up to six years prior to the request.
- 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 list a year for free, but may charge a reasonable, cost-based fee for additional lists within the same 12-month period. Kinwell will notify you of costs involved with additional requests, and you may withdraw your request before you incur any costs.

You may request 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.

You may choose someone to act on your behalf.

- 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 anyone representing you has this authority and can act for you before we take any action.

You may file a complaint if you feel your rights are violated.

- If you feel we have violated your rights you can file a complaint by contacting us using the information at the end of this Notice, or with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or at www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

You have a choice in how certain information is shared.

- If you have a clear preference for how we share your information with your family, close friends, or others involved in your care, let us know and we will follow your instructions. This also applies in disaster relief situations.
- If you aren’t able to tell us your preference, for example if you are unconscious, we may 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.

Our Uses and Disclosures

Kinwell typically uses and may share your health information in the following situations.

In your treatment.

- We use your health information to treat you and share it with other professionals who are treating you. For example, we provide your PHI to a pharmacy when we order a prescription for you, and a doctor treating you for an injury may ask another doctor about your overall health condition.

To run our organization.

- We use and share your health information to run our clinic, improve your care, and contact you when necessary. For example, we use PHI to inform you of health-related benefits or services that may be of interest to you. We also use PHI to evaluate the quality of care you receive from us.

Top bill for your services

- We use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

For use in public health

- We are allowed and may be required to share your information in ways that contribute to the public good, such as public health and research. These situations include the prevention of disease, product recalls, adverse reactions to medication, and to prevent a serious threat to anyone's safety. We may also share your PHI in suspected cases of abuse, neglect, or domestic violence. We must 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.

To do research

- We can use or share your information for health research, most often when your information is de-identified so that it cannot be attributed to you.

To comply with the law

- We will share information about you if state or federal laws require it. This includes sharing with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To respond to organ and tissue donation requests

- If you are an organ donor, we can share health information about you with organ procurement organizations, as necessary to facilitate donation.

To work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies, if necessary to identify the cause of death or so they may perform their jobs.

To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims.
 - For law enforcement purposes or with a law enforcement official.
 - With health oversight agencies for activities authorized by law.
 - For special government functions such as military, national security, and presidential protective services.

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Please Note: Kinwell will never market or sell your personal information.

Kinwell is 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 provide 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 grant us permission, then later change your mind, let us know in writing.

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 clinics, and on our web site.

You may exercise any of your rights described in this Notice, or ask any questions about those rights, by contacting the Privacy and Compliance Manager at:

Kinwell
600 Stewart St., Suite 800, Seattle, WA 98101
Telephone: 833-910-4400



Patient/Responsible Party Signature