



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice Of Privacy Practices ("Notice") applies to Whidbey Dizziness & Balance, PLLC ("WDB") DBA Whidbey Dizzy. This Notice describes how we may use and disclose your Protected Health Information ("PHI") to carry out treatment, payment or healthcare operations, and for other purposes that are permitted or required by law. It describes your rights to access and control your PHI. PHI about you is maintained as written and/or electronic records. Your PHI will identify you and relates to (1) your past, present, or future physical or mental health; (2) related healthcare services; or (3) your past, present or future healthcare payments.

WDB is committed to protecting the health information we maintain about our clients. As required by law we will maintain the privacy of your health information and provide you with a copy of this Notice. We are required to comply with the terms of this Notice. We reserve the right to change the terms of this Notice and make the revised or changed Notice effective for all health information that we maintain. Any changes to this notice will be available in our clinic. Paper copies will be available upon request.

USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION:

FOR TREATMENT: With your agreement, we may use or disclose your PHI necessary for your treatment. We may disclose information to doctors, nurses, or other professionals involved in your care, such as your response to treatment, procedures, medications, tests, and medical history. These records may be shared with other members of your health care team to assist them in your treatment or for referral for additional services.

FOR PAYMENT: With your agreement, we may use and disclose your PHI as necessary to obtain payment for our health care services. We may provide information about your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may use information that identifies you, treatments provided, or your diagnosis to prepare a bill for services to be sent to you or the person responsible for your payment.

FOR HEALTH CARE OPERATIONS: With your agreement, we may use and disclose your PHI as necessary and permitted by law, for our health care operations, clinic improvement, professional peer review, and to help ensure that you and other patients receive quality care.

INDIVIDUALS INVOLVED IN YOUR CARE: With your verbal agreement, we may disclose your PHI to designated family, friends, or other individuals who are involved in your care or in the payment of your care. We may also disclose your health information to your family or friends based on our professional judgment if we can infer from the circumstance that you would not object. For example, we may disclose of your PHI to your spouse when you bring your spouse with you to your treatment. If you are incapacitated or are unable to give consent in the case of medical emergency, we may share limited PHI to your family or friends in order to facilitate your treatment for disaster relief efforts.

APPOINTMENTS AND SERVICES: We may contact you to provide appointment reminders or information about your treatment. You have the right to request alternative means and location of communication from us regarding your personal health information. We will not share personal information including your home and mobile phone numbers, emails, or addresses to third parties/affiliates for marketing/promotional purposes. Your personal information is kept confidential and is not disclosed to any outside organizations, except as required by law or with your explicit consent.

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USES AND DISCLOSURES FOR OTHER PURPOSES

- Required by law: We may disclose your PHI when required by federal or state law.
- Public Health: As required by law, we may disclose your PHI to public health or legal authorities in order to prevent or control disease, injury or disability, or reporting of abuse or neglect.
- Workers compensation: We may disclose your PHI to workers compensation programs.
- Specialized Government Functions: We may disclose your PHI for military or veterans' affairs, or national security and intelligences activities.
- Research: Your PHI may be used for research purposes with your permission or with a special review board whose members review and approve the research project.
- Health Oversight Activities: We may disclose your PHI to a government oversight agency for purposes of audits, investigations, inspections, or licensing purposes.
- Judicial and Administrative Proceedings: We may release your PHI in response to a court or administrative order, subpoena, discovery request, or other legal process.
- Law enforcement: We may release your PHI if asked by law enforcement officials in response to a court order, subpoena, warrant, or similar process.
- To avert a serious threat to health or safety: We may disclose your PHI when necessary to prevent a serious threat to your health or safety of the public.

- Non-custodial Parent: We may disclose health information about a minor equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information
- Coroners, Medical Examiners, and Funeral Directors: We may release PHI to a coroner, medical examiner, or funeral director necessary for their duties.
- Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify or reveal who you are.

RIGHTS THAT YOU MAY HAVE REGARDING YOUR PERSONAL HEALTH INFORMATION

- You have the right to request that we further restrict use and disclosure of your PHI.
- You have the right to receive confidential communications. You have the right to request communication from us from us by alternative means or alternate location.
- You have the right to obtain, upon request, and accounting of disclosures of your PHI by us.
- You have the right to inspect and obtain a copy of your PHI.
- You have the right to request that the PHI we maintain about you be amended or corrected. All requests must state the reasons for amendment request. We are not obligated to amend all amendment requests, but will give each request careful consideration.
- You have the right to receive a copy of or Notice of Privacy Practices.
- You have the right to revoke this consent (in writing) at anytime.

HOW TO EXERCISE YOUR RIGHTS

To exercise your rights described in this notice, you must submit your request in writing to Brooke Lindsley. All requests must be made in writing and signed by you or your legal representative.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint in writing to our office at 5521 Mutiny Sands Road, Freeland, WA, 98249. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

- U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave SW
- Washington, D.C. 20201 1-877-696-6775
- <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

OTHER INFORMATION ABOUT THIS NOTICE

- This notice is effective on: April 1, 2022
- Chief Privacy Officer is: Brooke Lindsley

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.