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**NOTICE OF PRIVACY PRACTICES**  
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE**  
**USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS**  
**INFORMATION.**

**PLEASE REVIEW CAREFULLY.**

If you have any questions about this notice, please contact Dr. Newman's office at 360-696-3800, 8301 NE Hazel Dell Ave., P.O. Box 65759, Vancouver, WA 98665.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other clinic personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your health care provider.

**YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to physicians, nurses, technicians, therapists, office staff or other personnel who are involved in taking care of you and your health.

For example, your physician may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. Your physician may use

your medical history to decide what treatment is best for you. Your physician may also tell another physician about your condition to help determine the most appropriate care for you.

Different personnel working in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as scheduling M.D., or specialist appointments, prescriptions, ordering X-rays, MRIs, or therapy appointments. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For Payment** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations** We may use and disclose health information about you in order to run the clinic and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Appointment Reminders** We will contact you to remind you of an appointment for treatment or medical care at this office. Please notify the front desk staff if you do not wish to receive appointment reminder calls.

**Treatment Alternatives** We may tell you about or recommend additional treatment options that may be of interest to you.

Please notify the front desk staff if you do not wish to receive information regarding alternative treatments.

**Health Related Products and Services** We may tell you about health related products or services that may be of interest to you.

Please notify the front desk staff if you do not wish to receive information regarding alternative treatments or health related products and services.

You may revoke your CONSENT at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time.

If you do revoke your CONSENT, we will not be permitted to use or disclose information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

## **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

**To Avert a Serious Threat to Health or Safety** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law** We will disclose health information about you when required to do so federal, state, or local law.

**Military, Veterans, National Security and Intelligence** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Agencies** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

**Information Not Personally Identifiable** We may use or disclose health information about you in a way that does not personally identify you.

**Family and Friends** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not able to give consent (i.e. because you are not present, are incapacitated, or have a medical emergency) we may, using our professional judgment, determine that a disclosure to your family or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience

to make reasonable inferences that it is in your best interest to allow another person to act on your behalf (i.e. to pickup medical supplies or X-rays).

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific, written authorization. We must obtain your authorization, separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at anytime. If you revoke your authorization, we will no longer use or disclose information, about you for the reason covered by your written authorization, but we cannot take back any of the uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special, signed, written authorization (different from the *Authorization and Consent*) form. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and special written *Authorization* that complies with the law governing HIV or substance abuse records.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

**Right to inspect and copy** You have the right to inspect and copy your health information (i.e. medical and billing records) that we use to make decision about your care. You must submit a written request to the Office Manage in order to inspect and/or copy your health care information.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request of our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend** If you believe your health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this clinic.

To request an amendment, complete and submit a *Medical Record Amendment/Correction* to the Front Desk Staff. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy
- Is accurate and complete.

**Right to an Accounting of Disclosure** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for

purposes other than treatment, payment, and health care operations. To obtain this list, you must submit your request in writing to our Front Desk Staff. It must state a time period, which may not be longer than six years and may not include dates before April 14th, 2003. Your request should indicate in what form you want the list (i.e. paper or electronic). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are Not Required to Agree to Your Request** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information*, to the Front Desk staff.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical mailers in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure of Medical Information And/Or Confidential Communication*, to our front desk staff. We will accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

**Right to Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy, please contact the Front Desk Staff.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the clinic with its effective date in the top right hand corner. You are entitled to copy of the notice currently in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic please contact the Front Desk Staff, 360-696-3800. You will not be penalized for filing a complaint.