

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 it carefully.

Moonrise Health and Birth respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations.

Examples of Use and Disclosure of Protected Health Information for Treatment, Payment and Health Operations:

For Treatment:

- Information obtained by the provider, or other member of our health team will be recorded in your medical record and used to help decide what care is right for you.
- We may provide information to others providing you care. This will help them stay informed about your care.

For Health Care Operations:

- We use your medical records to assess quality and improve services.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

Your Health Information Rights

The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you. You have the right to:

- Receive, read and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this request.
- Request that we review a denial of access to your health information.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of records.
- When you request, we will give you a list of disclosures of your health information. This list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it.

Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

- Keep your protected health information private
- Give you this notice
- Follow the terms of the notice

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this notice. You may receive the most recent copy of the notice by calling and asking for it.

To ask for help or complain:

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact us at 425-670-6752. If you believe your privacy rights have been violated, you may discuss your concerns with any member of Moonrise Health and Birth. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the government. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- With Medical Researcher- if the research has been approved and has policies to protect the privacy of your health information. We may also share the information with medical researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store or transport organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements and products.
- To comply with Workers' Compensation Laws- if you make a workers' compensation claims.
- For Public Health and Safety Purposes as Allowed or Required by Law:
 - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public
 - To public health or legal authorities:
 - To protect public health and safety
 - To prevent or control disease injury, disability
 - To report vital statistics such as births and deaths
- To report suspected abuse or neglect to public authorities

- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For Health and Safety Oversight Activities. For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For work related conditions that could affect employee health. For example, an employer may ask us to assess health risks to a job site.
- To the military authorities of U.S. and Foreign military personnel. For example, the law may require us to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized government functions. For example, we may share information for national security purposes.

Other uses and disclosures of protected health information

Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.

**MOONRISE HEALTH
NOTICE OF PRIVACY PRACTICES- ACKNOWLEDGEMENT**

We keep a record of the health services we provide to you. You may ask to see and copy that record. You may ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the clinic during normal business hours.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge the Notice of Privacy Practices. A hard copy may be obtained from Moonrise Health and Birth per request.

_____ date
Patient or legally authorized individual signature

This form will be retained in your medical record.

Noted: _____

Last updated: ____/____/____