

Seattle Cancer Care Alliance

The logo for Seattle Cancer Care Alliance is a stylized, teal-colored graphic that resembles a flame or a leaf, positioned behind the text.

Joint Notice of Privacy Practices of Seattle Cancer Care Alliance and Certain Other Providers

Effective March 30, 2009



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Summary of Joint Notice of Privacy Practices Of Seattle Cancer Care Alliance and Certain Other Providers Effective March 30, 2009

This is a summary of the Notice of Privacy Practices. It does not replace the Joint Notice of Privacy Practices for Seattle Cancer Care Alliance and Certain Other Providers.

Summary

The providers that this Notice includes are UW Medicine, Seattle Cancer Care Alliance (SCCA), Children's University Medical Group (CUMG), non-UW physicians, and Seattle Children's Hospital (Children's) – collectively, the Providers. We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us 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 at "Your Individual Rights About Patient Health Information" section of the Notice.

Your rights:

1. You may request restricted use of your health information. (Note: we may not be able to agree to your request.)
2. You may ask us to contact you in an alternate way.
3. You may view and receive copies of your health record.
4. You may ask for an amendment (change or addition) to your record.
5. You may ask for a list of disclosures of your health information.
6. You may make complaints related to the privacy of your health information.

Also,

- You may object to being listed in our directory of patients, also called the facility directory, during your hospital stay.
- You may tell us not to share information with your family members.

We follow certain rules to use and disclose your health information.

- It is used and disclosed to perform treatment, obtain payment, or carry out operational activities.
- We may use and disclose it to teach and train staff and students.
- We may use and disclose it to conduct research. An Institutional Review Board must approve research projects.
- We may use and disclose it when required or allowed by law or when you give us written permission.

The law provides extra protection for health information about:

- Sexually transmitted diseases
- Drug and alcohol abuse treatment
- Mental health
- HIV/AIDS

For more detail, please read the Notice of Privacy Practices.

Joint Notice of Privacy Practices of SCCA and Certain Other Providers

March 30, 2009

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.

Overview

This Notice provides information about the use and disclosure of protected health information by UW Medicine, Seattle Cancer Care Alliance (SCCA), Children's University Medical Group (CUMG), non-UW physicians, and Seattle Children's Hospital (Children's) -- collectively, the Providers.

This Notice applies when services are provided within UW Medicine or SCCA facilities, and/or when the Providers are acting as part of one or more of the joint arrangements described below. This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your protected health information is used and how, under certain circumstances, it may be disclosed.
- Tells you how changes in this Notice will be made available to you.

The Providers

All of the providers listed below share health information, when appropriate, to provide health care services and to perform payment and health care operations.

UW Medicine. UW Medicine is composed of entities that work together to provide health care services. UW Medicine includes these entities or operations:

- University of Washington Medical Center and Clinics
- Harborview Medical Center and Clinics
- UW Medicine Neighborhood Clinics (University of Washington Physicians Network)
- UW Physicians Sports Medicine Clinic
- UW Medicine Eastside Specialty Center
- Hall Health Primary Care Center
- University of Washington Physicians

For dental services, the University of Washington School of Dentistry and University of Washington Dentists and Oral Surgeons may use and disclose information for treatment, payment, and health care operations. Certain people or offices within the University of Washington provide support functions to UW Medicine that might include the use of health information. For example, the University provides risk management and information system support services to UW Medicine entities. When providing these support services, University staff maintain and protect the confidentiality of your health information.

Seattle Cancer Care Alliance (SCCA). SCCA is a separate cancer care hospital that provides inpatient services at its hospital located within University of Washington Medical Center. It provides outpatient services at its clinic near Lake Union. SCCA operates jointly with UW Medicine, Fred Hutchinson Cancer Research Center (FHCRC), and Children’s to provide inpatient and outpatient cancer care.

Children’s University Medical Group (CUMG) and Non-UW Physicians Affiliated with Children’s. UW faculty physicians who practice with CUMG, and occasionally non-UW physicians affiliated with CUMG through Children’s, provide or participate in clinical care services at UW Medicine and SCCA facilities. When one of these physicians is providing or participating in clinical care within a UW Medicine or a SCCA facility, protected health care information is shared between the entities or providers for treatment, payment, and certain health care operations.

Seattle Children’s Hospital. Children’s is a nonprofit corporation operating an acute care children’s hospital and other regional children’s health services clinics. Children’s facilities serve as training sites for residents, fellows, and other trainees. UW Medicine and Children’s work together in joint activities to provide pediatric care. For a description

of Children's privacy practices please refer to its Notice of Privacy Practices.

Non-UW Physicians. From time to time, non-UW physicians participate in and provide services to patients within UW Medicine and SCCA facilities described in this Notice.

Protected Health Information

This Notice applies to health information – created or received by the Providers at UW Medicine or SCCA facilities – that identifies you and that relates to your past, present or future physical or mental condition; the care provided; or the past, present or future payment for your health care. This information, often contained in your health or medical record, among other purposes, serves as:
A means of communication among the many health professionals who contribute to your care.

- The legal record describing the care you received.
- A means by which you or a third-party payer (such as health care insurance) can verify that services billed were provided.
- A tool to educate health professionals.
- A source of data for medical research.
- A source of information for public health officials.
- A source of information for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

Use and Disclosure of Your Protected Health Information Without Your Authorization

Here are some examples of how we may use and disclose protected health information without your authorization (a written document that gives us permission to share your health information).

Treatment. We use and disclose your health information to provide treatment. For example:

- Your doctor uses your information to find out whether certain tests, therapies, and medicines should be ordered. Nurses may need to know and/or discuss your health problems to care for you and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers in the community.

Payment. We may use your health information for payment purposes. For example:

- We may use it to prepare claims for payment of services.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.

Health Care Operations. We may use and disclose your health information to carry out health care operations. For example, we use and disclose it to monitor and improve our health services. Also, authorized staff may look at portions of your record to perform administrative activities.

Train Staff and Students. We may use and disclose your information to teach and train staff and students. One example of this is when teaching physicians review patient health information with medical students.

Conduct Research. We may use and disclose your information for research. An Institutional Review Board (IRB) will review each request to use or disclose it. The IRB reviews research to make sure that the rights, safety, and welfare of research subjects and their information are protected. In some cases, your information might be used or disclosed for research without your consent. For example, we might: look at medical charts to see if people who wear bicycle helmets get fewer injuries. We might use some of your information to decide if we have enough patients to conduct a cancer research study. We might include your information in a research database. In these cases, the IRB makes sure that using your information without your authorization is justified. The IRB makes sure that steps

are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

Contact You for Information. Your health information may also be used to contact you. For example, we may call you or send you a letter to remind you about appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

Conduct Fundraising. The Providers may use basic demographic information limited to your name, address, phone number, and the dates you received services to contact you for fundraising activities. The Providers do not access your diagnosis or treatment information for fundraising activities. We raise funds to expand and support health care services, educational programs, and research activities related to curing disease. We will not sell, trade, or loan your information to any third parties, but the Providers may share it with third parties working directly for one of the Providers. These third parties must agree to protect the confidentiality of your information. If you do not wish to be contacted as part of our fundraising efforts, please notify us in writing at:

UW Medicine Privacy Office
Box 359210,
Seattle, WA 98195-9210

Or

SCCA Privacy Office
825 Eastlake Ave. East, Room E2-128
Seattle, WA 98109

Joint Activities. Your health information may be used and shared by the Providers to further their joint activities and with other individuals or organizations that engage in joint treatment, payment or health care operational activities with the Providers. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint health care operations such as peer review and quality improvement activities, accreditation related activities, and evaluation of trainees.

Business Associates. Your health information may be used by the Providers and disclosed to individuals or organizations that assist the Providers or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates must agree to protect the confidentiality of your information.

Other Uses and Disclosures. We also use and disclose your information to enhance health care services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example, we provide or disclose information:

- About FDA-regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.
- To your employer, findings relating to the medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To organ procurement organizations to coordinate organ donation activities.
- To law enforcement when required or allowed by law.
- For court order or lawful subpoena.
- To coroners, medical examiners, and funeral directors.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.

Use and Disclosure When You Have the Opportunity to Object

Facility Directory. This information is limited to your name, location in the facility, and general health condition [such as “critical,” “poor,” “fair,” “good,” “excellent,” or similar statements]. When you are in one of the UW Medicine Medical Centers or the SCCA inpatient facility, we may provide this information to visitors who ask for you by name, unless you object. If you choose to provide your religious affiliation, we may provide your name and room number to clergy with your stated religious affiliation.

Disclosure to and Notification of Family, Friends, or Others. Unless you object, your health care provider will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your health care or who may need to notify others about your location, general condition, or death.

Disclosure for Disaster Relief Purposes. We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts.

Use and Disclosure Requiring Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.

Additional Protection of Your Patient Health Information

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually

transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Individual Rights About Patient Health Information

You have rights related to the use and disclosure of your protected health information. To contact the Providers to exercise your rights, you may contact:

UW Medicine Privacy Office
Box 359210
Seattle, WA 98195-9210
206-616-5248
Toll-Free: 866-964-7744
comply@u.washington.edu

OR

SCCA Privacy Office
Room E2-128
825 Eastlake Avenue East
Seattle, WA 98109
206-624-1159

OR

CUMG Privacy Office
2345 Eastlake Avenue East
Suite 105
Seattle, WA 98102
206-520-5450

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to UW Medicine or SCCA, we will provide you with written notice of its decision about your request.
- **The right to receive confidential communications:** You have the right to request that we communicate with

you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.

- The right to inspect and receive copies: In most cases, you have the right to look at or order a copy of your health information.
- The right to request an amendment to your record: If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.
- The right to know about disclosures: You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- The right to make complaints: If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the entity that provided services to you. Or, you may file a complaint with the UW Medicine Privacy Office, the SCCA Privacy Office or the CUMG Privacy Office using the contact information above. The Providers will not retaliate against anyone for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services • Office for Civil Rights:

Office for Civil Rights
U.S. Department of Health and Human
Services
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121-1831
206-615-2290; 206-615-2296 (TTY)
206-615-2297 (fax)
Toll free: 1-800-362-1710; 1-800-537-7697
(TTY)

Privacy Notice Changes

Our Legal Duty: We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice.

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at each UW Medicine entity and at each SCCA facility. In addition, each time you register at or are admitted to a UW Medicine entity or the SCCA for treatment or health care services as an inpatient or outpatient, you may request a copy of the current Notice from the location of your care provider or you may request a copy of this Notice from the UW Medicine Privacy Office or the SCCA Privacy Office. An electronic version of the notice is posted at www.uwmedicine.org and www.seattlecca.org.



**SEATTLE
CANCER CARE
ALLIANCE**

Fred Hutchinson Cancer Research Center
UW Medicine
Seattle Children's