

NOTICE OF PRIVACY PRACTICES

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

If you have any questions concerning this Notice, please contact our Privacy Officer who is Craig Peterson at **(206) 698-9826**, email at **admin@iocares.com** or **1570 N. 115th Street, Seattle, WA 98133**.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices that are described in this Notice while it is in effect. This Notice takes effect March 01, 2012, and will remain in effect until we replace it.

CHANGES TO THIS NOTICE

We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain without providing you notice. An updated version of the Notice may be obtained by asking for a copy at the time of your next visit, online at www.iocares.com or from the Privacy Officer, whose address is provided at the end of this Notice.

NOTICE EFFECTIVE DATE

The effective date of this Notice is July 01, 2017.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We disclose health information about you for treatment, payment, and healthcare operations. We also use this information for these purposes. For example:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we may disclose your protected health information to other physicians or other healthcare provider who may be treating you in order to: (a) provide, coordinate, or manage the healthcare and related services that are provided to you by healthcare practitioners; (b) enable your healthcare providers to consult among themselves about your diagnosis and treatment; (c) refer you to a new healthcare provider (e.g., a specialist or laboratory) who, at the request of your provider becomes involved in your care by providing assistance with your care diagnosis or treatment to your physician.

Payment: We may use and disclose medical information about you in order to be paid for health care services rendered to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Appointment Reminders and Treatment Alternatives: We may use or disclose your protected health information to provide you with appointment reminders (such voicemail messages, postcards, or letters) or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use your health information to provide you with information regarding services that we offer related to your healthcare needs.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

Business Associates: We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

To You, Your Family and Friends: We must disclose your protected health information to you, as described in the Information Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to help with your healthcare or with payment for your healthcare, but only if you agree or do not object that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Person Involved in Care: We may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for assisting you to obtain healthcare services. If you are present, then prior to use or disclosure of your protected health information, we will provide you with an opportunity to object to such uses or disclosures. In the event you become incapacitated, or during an emergency, we may disclose your protected health information to others, including healthcare providers, on the basis of our professional judgment. We will also use our professional judgment and our experience with common practice to make reasonable inference in your best interest in allowing a person to pick up medical supplies, or forms of health information.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law, including disclosures for use in judicial and administrative proceedings, or to law enforcement officials, or to the proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Public Health: We may disclose your protected health information in connection with public health activities, health oversight activities, and with workers' compensation matters. We may also disclose your serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to the authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient.

State Laws: The laws of the state where you are receiving your healthcare services from us may provide greater rights to you. To the extent of your state has such laws, they are described on the attachment to the Notice.

Your Authorization: In addition to our use and disclosure of your protected health information for the purpose described above, you may give us written authorization, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

YOUR INFORMATION RIGHTS

Although all records concerning your goods and services obtained from us are our property, you have the following rights concerning your information.

Rights to Request Restrictions: You have the rights to request restrictions on certain uses and disclosures of your information. We are not required to honor your request. We encourage you to make these requests in writing.

Right to Confidential Communications: You have the right to receive confidential communications of your information by alternative means or at alternative locations. For example, you may request that we contact you only at work or by mail. We require that you make this request in writing.

Right to Inspect and Copy: You have the right to inspect and copy your information in most circumstances. We require that you make this request in writing.

Right to Amend: You have the right to amend your health information in circumstances where you believe that information is inaccurate or incomplete. We require that you make this request in writing, and that you tell us why you believe that we should amend your information.

Right to an Accounting: You have the right to request and obtain an accounting of certain disclosures of your information. You must make this request in writing.

Right to Obtain Copy: You have the right to obtain a paper copy of this Notice upon request.

A request to exercise any of these rights must be submitted to the Privacy Officer.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Privacy Officer at **(206) 698-9826**. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, HIPPA, 200 Independence Avenue, S.W., Washington, DC 20201. To file a complaint with us, please contact:

Privacy Officer: **Craig Peterson, 1570 N. 115th Street, Seattle, WA 98133**. All complaints must be submitted in writing and submitted by E-mail to: **admin@iocares.com**. There will be no retaliation for filing a complaint.