



## Notice of Information Practices

**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 [info@nextstepnw.com](mailto:info@nextstepnw.com)**

### **Our Obligations**

Next Step Pregnancy Services is obligated by law to follow the disclosure restrictions and requirements of and to grant you the rights provided for in the Washington Uniform Health Care Information Act, RCW 70.02, and the Washington Data Breach Notification Law, RCW 19.255. Additionally, while Next Step is not subject to the Health Insurance Portability and Accountability Act ("HIPAA"), Next Step voluntarily follows the standards that would be imposed by HIPAA except those that conflict with Washington state law.

### **How We May Use and Disclose Health Information**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to Next Step's Privacy Officer. For some of these disclosure purposes, certain categories of records (e.g., records regarding sexually-transmitted diseases, mental health, or substance-use disorders) may be subject to heightened protections requiring a separate, explicit consent or court order to release such information.

**For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you receive. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations.** We may use and disclose Health Information for health

care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Health Information that directly relates to that person's involvement in your health care or to your location or general condition. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process.

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Contractors.** We may disclose Health Information to our contractors that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our contractors are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by RCW 70.02.270.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking, or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation and transplantation.

**Worker's Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information to federal, state, or local law enforcement officials in certain circumstances, including some situations in which the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) about criminal conduct on our premises; (3) about injuries resulting from criminal acts; (4) necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or (5) otherwise required by law to be released.

**Marketing, Fundraising, and Sale of Information.** We do not use or disclose your health information for marketing or fund-raising purposes, and we never sell your health information to any one. The only exceptions are the narrow situations allowed by Washington law (RCW 70.02.280) and, where applicable, federal law.

**Coroners and Medical Examiners.** We may release Health Information to a coroner or medical examiner for the investigation of a death.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official.

**As Required by Law.** We will disclose Health Information when required to do so by

any other applicable federal, state, or local law.

## **Your Rights and Privileges**

You have the following rights and privileges regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than psychotherapy notes. To inspect and copy your Health Information, you must make a request, in writing, to Next Step Pregnancy Services. We have fifteen working days to make your Health Information available to you. If we are unable to fulfill your request within fifteen working days, we will inform you in writing of the reason for delay and will provide the information as soon as possible, but no later than twenty-one working days from your request. We may provide your Health Information in either electronic or hard copy form, and we may charge you a reasonable fee for copying costs, mailing costs, and the costs of other supplies used to fulfill your request. We will not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain, limited circumstances. If we deny your request because we believe that knowledge of the relevant Health Information would be injurious to your health or risk the life or safety of any individual, you may select another health care provider who is licensed in Washington to treat the condition to which the Health Information relates to copy and examine the Health Information.

**Right to Notice of a Security Breach.** You have a right to be notified if there is a security breach that we reasonably believe resulted in your unprotected Health Information being acquired by an unauthorized person.

**Right to Amend.** If you believe that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. Requests for amendment must be made in writing to Next Step Pregnancy Services. If we refuse to make a requested amendment, you have the right to submit a statement of disagreement to be included in your record.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of Health Information in the six years prior to your request. Some disclosures, including those made for purposes of treatment, payment, health care operations, or fulfilling a patient's written authorization, are not required to be included in an accounting of disclosures. A request for an accounting of disclosures must be made in writing to Next Step Pregnancy Services.

**Right to Request Restrictions on Disclosures.** You have the right to request certain restrictions or limitations on the Health Information we use or disclose for treatment or health care operations. You have the right to request a restriction on our providing Health Information to other health care providers or facilities that previously provided you with care. You also have the right to request that we do not use your Health Information

to provide directory information. You may request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. A request for a restriction on disclosure must be made in writing to Next Step Pregnancy Services. We are not required to agree to all requests; but, if we agree to a request, we will comply with the request, even if it is not legally required, unless the information must be disclosed to provide you with emergency treatment or nondisclosure would violate applicable law.

**Confidential Communications.** You may request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you by mail or at work. To request a particular communication manner or location, you must make a written request to Next Step Pregnancy Services. We will accommodate all reasonable requests.

**Paper Copy of this Notice.** If you would like a hard copy of this Notice of Information Practices, our office will provide one to you.

### **Changes to This Notice**

We reserve the right to change this notice and apply the provisions of the new notice to Health Information that we already have as well as any new information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date in the top right-hand corner.

### **Complaints**

If you believe we are not upholding these privacy policies, please submit a complaint to our Privacy Officer at [info@nextstepnw.com](mailto:info@nextstepnw.com) or at the address below. All complaints must be in writing. You will not be penalized for filing a complaint.

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