

Myofunctional Clinic of Bellevue, PLLC
1530 Bellevue Way SE, Suite B
Bellevue, WA 98004
(425) 454-1420-Work
(425) 688-7791-Fax

HIPPA 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

The terms of this notice of privacy practices applies to the Myofunctional Clinic of Bellevue, PLLC, referred to as MCOB, PLLC hereafter. MCOB, PLLC is required by law to maintain the privacy of protected health information, give you a notice of our legal duties and privacy practices with respect to your personal health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION: MCOB, PLLC may disclose your health information for the following purposes:

TREATMENT: We will use health information to provide treatment for each patient. This includes use and disclosure of health information among the MCOB, PLLC staff as it relates to your treatment. In addition, with your written consent, we may disclose health information to patient's doctors, or other personnel who are involved in the patient's medical care. You have the right to access your health information by completing a request for patient access to health information.

PAYMENT: With your authorization, we may 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 received. For example, we may provide your health plan with information including diagnosis, procedures performed, progress, goals or recommended care, so they will pay for your treatment. These disclosures include the minimum necessary information required for payment and may consist of third party reports.

ROUTINE OPERATIONS: We may use the patient's health and education information to carry out routine operations for the MCOB, PLLC which may include the disclosure of information to persons with a legitimate educational interest. Such persons may include, but are not limited to, those employed at Myofunctional Clinic of Bellevue and those businesses with whom we contract (such as lawyers, accountant, tech help, etc.). These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage the MCOB, PLLC.

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OTHER USES AND DISCLOSURES

We may also use or disclose patient's information to meet special reporting requirements, for public health reasons, or for other purposes. **Such disclosures permitted by law that do not require your written consent include:**

- Family or specified others' involved in patient's care or payment.
- Disclosures to public health authorities to prevent or control disease. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.
- Data for health or educational oversight activities, such as audits, investigations or inspections.
- To avert a serious threat to health or safety or to prevent serious harm to an individual.
- To secure emergency medical treatment to each patient in the event of an accident or injury.
- We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board who also have rules to protect privacy.
- As required by law, such as for law enforcement or in response to a lawful subpoena or court order.
- We may disclose your health information to coroners, medical examiners and funeral directors as necessary, to carry out their duties.
- To provide you with information about treatment alternatives or new health-related services that may be of interest to you.
- We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
- For government functions, we may disclose your health information for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- Worker's compensation may ask MCOB, PLLC to disclose health information as necessary to comply with worker's compensation laws.
- We may contact you to provide appointment reminders or scheduling via e-mail, phone voice message or texting by phone.

All other uses and disclosures will be made only with your written authorization, which you have the right to revoke in most cases.

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YOUR RIGHTS

You have the following rights regarding your health and education information:

Right to Inspect and Copy. You have a right to inspect and copy health information that may be used to make decisions about the patient's care or payment for care. This includes medical and billing records. To inspect a copy of this health information, you must make a request in writing.

Right to Amend. If you feel that the health or education information we have is inaccurate or misleading, 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 the MCOB, PLLC.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures and a record of access regarding your health and education information. This list does not include disclosures we made directly to you, friends or family members, disclosures you authorized in writing, disclosures to third party payers or disclosures related to our daily business operations. To request an accounting of disclosures, you must make a request in writing.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose. You also have the right to 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. To request a restriction, you must make a request in writing. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide the patient with emergency treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only by email or at work.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The new notice will apply to health and education information we already have, as well as any information we receive in the future. We will give all current clients a copy of any updated privacy notice.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Myofunctional Clinic of Bellevue, PLLC.

To file a complaint with the Myofunctional Clinic of Bellevue, PLLC contact:

Nancy Knudson- Magar
Myofunctional Clinic of Bellevue, PLLC
1530 Bellevue Way, SE, Suite B
Bellevue, WA 98004
425-454-1420

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing.

All complaints must be made in writing. You will not be penalized for filing a complaint

*This notice is effective in its entirety as revised on
June 1, 2020*